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THE

New York Journal of Homœopathy.

Vol. I. JULY, 1873. No. 5.

ORIGINAL ARTICLES.

THE GEOMETRICAL METHOD IN MEDICINE. By James Ross, M. D. Part III. (The Leader in the *Practitioner*, for May, 1873.)

By Hon. A. B. Conger.

It is truly refreshing, in times like these, to find one whose professional life is more or less immersed in the technics of some specialty, with courage and mental power sufficient to burst their environment, and master some other department of thought than that which furnishes the means of his subsistence. Especially does it delight us to take up an essay by one who rejoices in the vocation and titular dignity of an M. D., and who rears his head above the daily harassments of the one and the class prejudices of the other, and gazes with undimmed vision into the empyrean of the *prima philosophia* of classic writers, too much contemptuously spurned in this age as misty metaphysics.

Not that the case is wholly rare, or that Dr. Ross is in this respect a marvel in the medical profession. In fact, the tendency of the profession to speculate over the wonders of the animal economy, and to develop jejune theories out of imperfect inductions or cardinal ignorance of its intricate details, is a part of the history of medicine, from the mythic teachings of Æsculapius to the present hour. Hoffman, in the seventeenth century (as the Doctor reminds us), was not wholly

able to break the shackles of the Cartesian philosophy. Cullen and Brown were disciples of Locke, as also was Boerhaave. Haller caught the spirit of Newton's resolution of planetary motion into that of centripetal and centrifugal force, and propounded the *vis insita* and the *vis nervosa*, that he might stand out as a dualist. At the very time we write, Maudsley's discursions on Mind and Body separate him from the dualistic school, make intellect a function of the brain, and posit his system in monism.

All such speculations, thus rapidly sketched, while they illustrate the grasp of intellectual power which notables in the medical profession have held over other and higher domains of thought than that specialty which marks their professional calling, fade and disappear before the bright rays of light beaming ever through the Baconian spectrum. Or, to descend to more homely terms, theories on nature, or any of its special departments, if they do not embrace *all* the facts lying within it or them, fail, except as partial inductions, and can never rise to the level of universal or general laws.

But perhaps our readers may imagine that we are disposed to regard Dr. Ross as a theorist. Far from it. We would do him no such injustice. He is a critic recognizing the Baconian law just enunciated, and equipped with sufficient lore, and logical acumen to apply it rigorously, and, we are happy to add, with remarkable candor. Some of his Allopathic brethren may denounce his concessions. We will not be so uncharitable as to hail him as a partial convert. His skepticism is in the style of Hume on cause and effect—candid, yet stern. On some points we will agree with him; on others, and in the same spirit of critical inquiry which he has so sedulously cultivated, we will essay, at least, as Kant did toward Hume, to pierce his skeptical method, even if, as our learned Doctor not incorrectly asserts in his glance at the great author of modern metaphysics, we fail, as he did in psychology, and completely subvert the rational methods, as they are proudly called, in vogue in modern physic.

We have conceded to Dr. Ross skill in the logical handling of his subject. As a logician he will not quarrel with us, if, on logical grounds, we dissent from some of his conclusions.

Taking first, then, that which is barely apparent to the

common eye, but, running through the web of his critical weaving, constitutes the strength of its texture; let us apply first a verbal test, as expressed in the query "What is fairly to be demanded of an *Organon* of medicine, first, at the time it is given to the world, and next, after the lapse of three-quarters of a century? Is an Organon to be viewed as a *system* of scientific truth, either general or special, as its subject-matter may imply, complete and fully rounded, with no break, no imperfection, no spot on its shining orb? If the *Organon* propounds some universal or general law, is this law to be subverted by strained inferences beyond the fair scope and meaning of the law? Or, to try the issue in another form, would it be fair to exact of an Organon *in medicine* by Hahnemann what no candid mind in this age requires of the Organon by Lord Verulam, or its more venerable namesake preserved to modern times from the golden age of Greek philosophy? Who sneers at at any such surmise as this: "If there be any *magnetic* force which acts by *sympathy* between the globe of the earth and heavy bodies, or between that of the moon and the waters of the sea, as seems *most probable* from the particular floods and ebbs which occur twice in the month," &c., &c.? It is remembered that Bacon's Organon was supplemented by Newton's Principia in the great system of inductive thought which the former, gathering up the anticipations of his predecessors and contemporaries, vindicated as the true channel in which all physical investigation should move. What candid observer in this age will then raise his hand in pious horror at the theory of succussion or potentization of drug-dynamic action, which, at the best, was only a metaphysical attempt of the German Hippocrates to explain, as best *he* was able, the wonderful results of the critical rule he had adopted for drug-administration? Who thinks it puerile in the grand old Stagyrite, when he meets in this Organon a generalization like this: "For, if it is so with any similar," (adverting to the previous clause, "if to possess sight is to see, whether to possess hearing is to hear," &c.) "it will be also with other similars, but if not with some, then neither with the others?" Who refuses assent to the rule of syllogystic reasoning, or the law of contraries, as laid down in his treatise, because he may stumble in the Posterior Analytics on his

method of elucidating the proposition that the same thing may sometimes possess two causes.*

Or, who inveighs against the crude theories which Aristotle or Bacon entertained in the realm of physics, or the animal economy, centuries in advance of the discoveries of Davy or Hunter? No scientist can be found in this age so hardy, nor yet any disciple in any school of physic, even if he believe in the compounding of drugs after the manner of the simples which the subtle irony of Shakespeare threw into the witches' caldron. It would seem, then, as the only fair rule to be applied to the works of all original minds in all ages, that those truths which they first clearly discern, and which they cause to shine with undimmed lustre through all time, should not be darkened by the counsels of the critic who seeks to interpose some guesses or divinations of truth as a proper criterion of the value of all which those great names have sought to accomplish. This method of criticism is but a purloining from the mathematician of his method of summation of series or quantities by the rule of plus and minus. It would be an application of the conception of *totality* with a vengeance, and would exact of genius the test of entire infallibility.

It can hardly be deemed an ignominious task for a thoughtful man, in this age of high-vaunted progress in physical science, to fall back upon first principles, even if the final resort is to a definition to be found in the Greek lexicon.

An Organon is *not a system;* it is defined as an *instrument*, a method, a *rule.*† And it may be added that, in the conning of nature in any of her multiform phases it is a rule for investigation, a rule which is not in a circle, as if it embraced all that was possible in thought, as is said of morals, but a true directrix, or, if you please to adapt the term to modern use, a guide, a clue, in and out of nature's labyrinths.

* "Possibly, indeed, the same thing may be for the sake of something, and from necessity; for instance, why does light pass through a lantern? For, necessarily, that which consists of smaller particles passes through larger pores, if light is produced by transit. Also (it does so) on account of something that we may not fall. If then it possibly may be, is it also possible to be generated? As, if it *thunders, fire* being *extinguished*, it is necessary that it should *crack* and *rumble*, and, as the Pythagoreans say, for the sake of *threatening*, that *those in Tartarus may be terrified.*"

† The Peripatetics, who collected the logical writings of Aristotle into one treatise, gave it the name of Organon, because they avowedly regarded logic only as an *instrument* of Science in its widest acceptation with them, as Philosophy.

Dr. Ross' logical formula, that, as a system of medicine, Hahnemann's Organon will not stand the logical test of universals—that is to say, that the announced law of the system must comprehend all possible species of thought which cluster about the system—is thus manifestly defective, and we think we have fairly taken off the edge of his logical scalpel when he seeks to dissect the Organon as an entire system of medicine framed, as he sees fit to phrase it, as a "geometrical method."

With these preliminary views as to the undue rigor which Dr. Ross imposes on his tractate as a critical inquiry into the true end of the Organon, we approach the consideration of those remarkably fair statements of what it really and practically is. The Doctor prefaces his particular handling of Hahnemann's labor by this clearly expressed proposition: "The system of Samuel Hahnemann is the best example of a complete scheme of medicine founded upon one comprehensive generalization." After passing in review other names of conceded eminence in the attempt to lay the ground-work of medicine as a science, as if turning away in disgust from the effete schemes which they wrought out in hours of tranquillity and ease, he asserts of this system—worked out by a mind distracted at times with the "*res angusta domi*," driven by the persecutions of the German Worshipful Company of Apothecaries from town and hamlet, so that no rest was found in his native and beloved Saxony, to earn bread for his numerous household, and not even large-hearted Leipsic could yield a shelter to the living presence of one over whose mouldering bones it reared, thirty years later, its repentant effigies in bronze—he says—and we thank thee, O thou good and most noble scholar! that from the brain of this tormented student came the *best*—aye! the *best example* of a complete scheme * * * founded upon one *comprehensive generalization*. Again we thank thee, "most reverend Doctor." And then, as if by way of explaining the general proposition so candidly announced, Dr. Ross reiterates it in Hahnemann's own words: "The Homœopathic method, or that which employs medicines producing symptoms similar to those of the malady, is the only one of which experience proves the certain efficacy." (Cited from the Organon.) Now, then, we must contend that, if Dr.

Ross had applied his logical method of elimination as adroitly as he seeks to do in other parts of his essay, he would have frankly modified his general proposition so as to have explicitly given the true interpretation of the major part of the proposition, and then it would stand as if first enunciated by him, in the following terms: The system of Hahnemann is the best example (not of a complete scheme of medicine, in the general sense in which he subsequently uses the phrase "scheme of medicine," but) of a *complete scheme of employing medicines* (*i. e.* drugs) which produce symptoms similar to those of the malady sought to be cured, founded upon one comprehensive generalization. Had this equivalent expression—true according to the intent of Hahnemann and the best judgment of his followers—of the general proposition occurred to the acute mind of Dr. Ross, he would not have been led to disfigure his essay by insisting on his demand for an *universal proposition*, on the basis of a *system of medicine*, by charging upon Hahnemann the failure to make such universal proposition good, when our essayist urges as ground of Hahnemann's discomfiture, that even he "was compelled to place *chirurgical* diseases, especially those belonging to *manual* surgery, beyond the limits of the law." Now, clear as is the distinction in the minds of the faculty, between surgery and drug-administration, or medicine in its popular acceptance; and much clearer as it must be to the minds of the uninitiated when the further limitation of surgery is pointedly expressed by the epithet "manual"—it is a wonder that so clear a head as that of Dr. Ross should have been entangled (as Absalom's was by its own hair) by the gossamer threads of his fine-spun logic. Why should he further arraign Hahnemann for admitting that "diseases brought on by the introduction of indigestible or *hurtful substances* into the alimentary canal, or other *organs*, or those produced by foreign bodies penetrating the skin, may have a *material* principle for cause!" Does any one doubt—did any one ever doubt—that if a man had a bullet in his lungs, or an acarus in his skin, or, as sometimes happens to the farmer, that his bullock has a concretion mixed with or formed by hair bitten from his flanks, swallowed and infarcted in his stomach—that in these cases, whatever painful disturbances

were set up, the *malaise* was of another sort than what is usually denominated or treated in text-books as disease, or *malady*.

But it happens frequently in the course of human experience, that some men go to war without counting the cost; and, without discourtesy to one whose judgment has led him to such frank disclosures, we opine that Dr. Ross has been wounded with his keen instruments of warfare. He *admits*, not merely for the sake of argument, but as a judgment "in his opinion perfectly just," that "some diseases may be treated by a drug selected by the homœopathic law;" but, in stretching his claim "that the particular must be converted into an universal proposition," he posits an universal that is denied by the minor of the particular, when he makes disease to comprehend other ills that flesh is heir to, which no one in his senses ever pretended were diseases to be properly treated by the swallowing of drugs. The particular proposition (if we are expected to make our conclusion any clearer) of the Homœopathic school is this, fully stated, and without ellipsis: that of all diseases (sought to be treated by the internal administration of drugs), *some* diseases may be treated by a drug selected according to the Homœopathic law. And the universal proposition which Dr. Ross has vainly searched for is as follows: that *all such* diseases may be treated by a drug so selected. And this universal proposition is the cardinal doctrine of the Homœopathic school. Moreover, few would seek to evade the additamentum which the founder of the school first added, not simply as a limiting clause, but as corroborative of the truth of its inductive basis, that such principle of selection, aphoristically expressed by the law "*Similia similibus curantur*," is the *only one* of which *experience proves* the *certain* efficacy.

(To be continued.)

ZYMOSIS.

By E. Carleton, Jr., M. D., of New York.

Read before the New York County Homœopathic Medical Society.

Under this comprehensive title it is proposed to speak of the latest discoveries concerning fungi, the conditions of their pro-

duction, the order of their development, the mischief they do and may cause to animal life, the great importance of our having a correct knowledge of them, and how they may be destroyed. Of course it has been found necessary to briefly epitomize extended accounts, that are highly interesting in the minutest detail, to glance merely at some fields of research, and pass others unmentioned, and to give the history of an experiment or two, here and there, belonging to many series of experiments so intimately connected, and so fertile in results, that it is hard to decide what to exclude. And yet this cursory glance, at what so interests the scientific world of to-day, presents such a startling array, that the observer feels like exclaiming, as do the explorers of the Yellowstone, "Wonderful! wonderful!"

Before hastening to the subject under discussion, it is proper to mention the prominent helpers in preparing this paper. They are Prof. C. W. Manning, Dr. Birdsdahl, the *World*, and its scientific Editor, *The Popular Science Monthly*, *Nature*, and Bastian's great work, *The Beginnings of Life*.

One of the first salutations which a stranger gets, upon coming to the City of New York, is addressed to the olfactory nerve—a nauseating, stifling stench—not easily analyzed by the sense of smell, and more or less intense, according to the conditions of the atmosphere. It is unnecessary to enumerate the causes of this stench to a New York audience. They are well known. But recently the paste of the bill-stickers was suspected of especial criminality. Flour paste, being highly azotized, putrifies rapidly, even under adverse circumstances. It is only necessary to subject it to heat and moisture to cause putrefaction.

The work of investigation being undertaken systematically, it was ascertained that between 300 and 400 men and boys follow the occupation of bill-posting in this city; and allowing to each, daily, 20 liquid quarts—a fair average—nearly 10,000 liquid quarts would be the aggregate quantity of paste consumed in this business. A quart, as generally used, covers 12 square yards of surface. Therefore, 120,000 square yards of surface would be covered with paste every day, or 840,000 square yards in a week.

From the edges of an old bill-board was gathered a sample

of what can often be seen in such places, oozing beneath the successive layers of paper, a brownish, yeasty substance, which was found to contain organized conditions. All efforts to produce similar organizations failed, till the habits of the bill-poster were imitated. The experimenters secured an outhouse, and upon this applied a thin layer of paste, daily, at the same time keeping up moisture, by sprinkling the yard with water, three times a day. Although traces of animal life (*ascarides farinæ*) were found, on the fourth day, it was only till the end of the second week that the appearances of the bill-boards of the streets were reproduced. The mass had then become one-fourth of an inch thick, and feculent. A portion of it was placed under a Powell and Lealand's microscope, with a Beale one-fiftieth objective, which revealed a fungoid growth of globular vesicles, which, when fully developed, gave a diameter of $\frac{1}{3500}$ of an inch. The older cells were filled with granular or nucleated matter, and as in the case of the yeast-plant and all zymotic growths, the nucleus rapidly expanded, becoming ovoid, and ultimately bursting, threw out its spores. This appearance was unlike anything before seen in paste, but an exaggeration of the degraded. germinal matter which Sextal professed to have encountered in the serum and tissues of cholera patients in India.

By a series of experiments, it was ascertained that the "condition of evolution" is not found in the ordinary putrefaction of a mass of paste. To secure this it is necessary to spread in layers, at intervals of time, with heat and moisture, as has already been described. Some of the brownish mass was put under a bell-glass, to remain during the night. The next morning the inner surface of the glass was found covered with millions of spores. These, on an Amyot object-plate, proved to be germinal under favorable conditions. A piece of the intestinal membrane of a live rabbit was put under the glass, and carefully watched while development went on. And, says the narrator, "the rapidity with which this mysterious and malign power reproduced itself, when in contact with the blood, was startling even to the watcher, who saw in it the confirmation of a half-suspected truth."

Believing these to be the atmospheric fungi, which were operative in the production of specific diseases by blood-

poisoning, experiments were instituted to ascertain the truth or falsity of the supposition. The walls of a room were covered with paste, exactly as had been done with the out-house; and when the fungi developed, the experimenters shut in the room a spaniel, a pair of guinea pigs, and a barn-yard fowl. The pigs and fowl died on the fifth day, with symptoms resembling those of *cerebro spinal meningitis*. Although the *post-mortem* examination revealed no cerebral lesion, no induration, softening, or vascularity, there was a decided typhoid appearance.

Next, the families of bill-stickers were kept under observation as much as possible. One man, Casper Bleyer, died with cramps, purging, vomiting, and prostration; and, finally, tetanic appearance of face and typhoid look. A *post-mortem* examination was made, with great care, showing fungous spores in the alimentary canal, cellular and parenchymatous tissues, cortical portion of brain, and urine, but not in the blood. A bill-boy was found with "spontaneous gangrene" in the hand. Examination revealed spores in the scales, and extravasated matter of the hand; also in the urine and excrement, but not in the blood. Experiments with these vegetable cells, taken from the body, showed them to be suspended in their action. They were non-germinative. Concluding that the suspension was due to absence in the subject of exciting cause, an entirely new series of experiments was established, which decided that the germs might be secreted in the system for months, awaiting the predisposing causes of development, and that it was possible for them to develop and multiply endermically, without poisoning the blood, the result for the time being only a local eruption. But the multiplication of the cells in the exposed morbid surface of the boy's hand was very great, being estimated at two millions of cells in one-twentieth of an inch. These spores resisted the action of muriatic acid, acetate of lead, sulphate of zinc, sesqui carbonate of ammonia, empyreumatic oil, nicotine, and carbolic acid. After submersion in sulphuric acid eight hours, they sprang into activity immediately when brought in contact with the live tissue of a cat.

The experimenters conclude that *mucedines* are found only in paste that has been exposed to alternate heat and moisture.

but are related in their nature and action upon the human organization to the cholera poison, being virulent and subtle, and, after a period of incubation and multiplication, the system is depraved. Their mode of action is not uniform, but is modified by temperament and condition; and they propagate, in different constitutions, different forms of disease. To *mucedines* is accredited the cause of the epidemic of *cerebro spinal meningitis*, also the great mortality among children last summer.

M. Boudin, of Bologne, has since found the spores of the paste-plant in fresh cow's milk, and does not hesitate to trace the origin of the stump-tail disease, and the rinderpest, to *mucedines*. This gentleman first declared the identity of *cerebro spinal meningitis* with *typhus fever*.

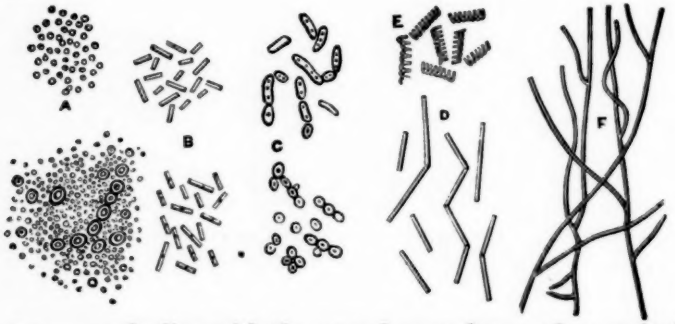
Prof. Manning endeavored to get the pasters to put three grains of copperas in each quart of paste, to prevent putrefaction, but so great was their prejudice against all innovations, that the effort failed. One day the cockroaches gained access to his paste, and ate it. This led to the curious development that the whole genus of orthopterous insects ate the fecundating matter, with avidity, but were impervious to its attacks; and, most marvelous of all, actually annihilated it by digestion.

Experiments since made in Paris and Berlin, show that the popular appreciation of the cockroach as scavenger and sanitary agent is correct. Stronin says, "that in all those quarters of Paris where paper and paste are accumulated, the people encourage the multiplication of these insects, and even undertake to tame and breed them, and he attributes their immunity from *cerebro spinal meningitis*, and kindred diseases, in great part, to this fact." A writer, in the *North American Review*, says that the journeymen bakers of this and other cities foster cockroaches. He says "the cellars where the work is done swarm with these animals; and in one place, occupied by Germans, I found that the vessel in which they kept their yeast, and which was never covered from the air, for obvious reasons, was a favorite resort of the cockroaches. The yeast every morning was thick with them, and the workmen, before using it, were in the habit of carefully straining the animals out through a coarse sieve.

Experiments by a royal commission in England, with six thousand blooded roaches, to show their voracity, determined that four hundred of them would clean a large bill-board in an hour. At a meeting of entomologists lately held at Salem, Mass., several breeds of roaches were exhibited. The English stock was decided to be the best.

Before passing from this section of our paper, one question seems pertinent. In view of the evils, possible and actual, connected with *Zymosis*, should not the voice of science be raised in behalf of our humble and despised friends, the roaches, to encourage their cultivation and foster their work?

In Part II. of Bastian's great work, *The Beginnings of Life*, under the title of Archebiosis, he discusses spontaneous generation of new matter endowed with living properties. After three years hard work at experimenting, he says: "It must be considered to turn almost wholly upon the possibility of the *de novo* origin of *bacteria;* since, if such a mode of origin can be proved for them, it must also be conceded for other allied fungoid and algoid units. Evidence, which is of the most convincing character, when looked at from all sides, now shows that *bacteria* are killed by a temperature of 140 degrees Fahr. Yet similar organisms will constantly appear and rapidly multiply within closed flasks containing organic fluids, although the flasks and their contents have been previously exposed for some time to a temperature of 212 degrees Fahr."



As we are dealing with the very lowest forms of organized life, it is well to get some idea of their structure. When a fluid containing an organic substance in solution is left to

itself for a time, which may be variable in different circumstances, the infusion gradually becomes turbid, showing a thin pellicle. A powerful microscope will reveal great numbers of moving specks, having a diameter of $\frac{1}{10000}$ to $\frac{1}{30000}$ of an inch. These are *plasticle particles* (*A*). The *bacteria* (*B*) are minute, rod-like, jointed bodies, varying in length from $\frac{1}{30000}$ to $\frac{1}{15000}$ of an inch, and in thickness from $\frac{1}{30000}$ to $\frac{1}{40000}$ of an inch. At times their movements are mere oscillations, while at other times they dart from place to place with great rapidity. The *torula* (*C*), or yeast-plant, also appears, a simple cell, with a thin cell-wall of protoplasm. These are about $\frac{1}{8000}$ of an inch in diameter, and multiply by budding or gemmation, being usually seen in chains or clustered groups. *Vibriones* (*D*) are long, slender, jointed bodies, bent at various angles, longer than *bacteria*, and having a slow, undulatory movement. *Spirilla* (*E*) are less common, shaped like a helix or spiral, and very active. "*Leptothrix* (*F*) is a name applied to certain filamentous objects, that are generally motionless, and often not much thicker than *vibriones*. They may be either straight or undulating in outline, and perfectly plain; are marked by minute segmentations, after the fashion of the larger fungous filaments, into which it is said they sometimes develop."

Between the vegetable and animal kingdoms stand the *monera*, "organisms of the most primitive kind, among which the distinction between animals and plants does not exist."

"The common *amœba* is described as a microscopic animal at the very bottom of the scale of living things. It is a minute, shapeless, structureless mass, of semi-fluid jelly or protoplasm, without organs of any kind, but it has the marvelous power of extemporizing organs as it requires them. Thus, if it wishes to move, it shoots out a part of its body, as a temporary foot, and retracts it when no longer wanted. If it desires to seize anything, it protrudes an arm for the purpose; and, when it has in this way got possession of the needed nutriment, becoming all stomach, it wraps itself around its food, and absorbs or digests it."

Dr. Carpenter describes it as changing itself into a greater variety of forms than the fabled Proteus; laying hold of its food without members, swallowing it without a mouth, digest-

ing it without a stomach, appropriating its nutritious material without absorbent vessels, or a circulating system, moving from place to place without muscles, feeling (if it has any power to do so) without nerves, multiplying itself without eggs, and not only this, but, in many instances, forming shelly coverings of a symmetry and complexity not surpassed by those of any testaceous animal.

The experiments of Dr. Bastian force upon him the conclusion that the several organisms here considered, *bacteria*, *torula*, *vibriones*, *fungous filaments*, *protomœba*, and *monads*, are products of the direct development of new-born specks of living matter. His experiments seem to have been conducted with extreme precautions. He filled flasks with different infusions, such as hay and turnips, and hermetically sealed them, during violent ebullition, to eliminate all atmospheric sources of change. Then he heated the flasks to from 200 degrees to over 400 degrees Fahr., and placed them in favorable conditions as regards light and heat. Under such restrictions, the low organisms before mentioned were found, afterwards, exhibiting such unmistakable signs of life as growth and multiplication. It was further found that the "limit of vital resistance" was less with liquid heat than with dry heat. There is a different *maximum* for different infusions, if heated beyond which no organisms appear. The *juice* of meat, for instance, produced *vibrios* if heated to 236 degrees Fahr., but none if heated to 237.2 degrees Fahr. Cow's milk produces them if heated to 236.3 degrees Fahr., but remains unproductive if heated to 238.1 degrees Fahr.; while a decoction of pumpkin produces them at 230 degrees Fahr., and not at 233.6 degrees Fahr.

"Having clearly proved that *bacteria* and other low organisms, which form a pellicle on the surface of infusions and other liquids, are produced *de novo* in such infusions, the third part of the work, entitled 'Heterogenesis,' is devoted to a history of the microscopical examination of the changes which take place in this pellicle, and of all that is at present known of the transformations of the various classes of organisms to which it gives birth. One of the most simple series of changes, this transformation of motionless corpuscles into ordinary *amœbæ*, was closely watched by Dr. Bastian, and seen with

the most perfect distinctness, in thousands of instances. The first step was an increase of the amount of gelatinous matter between the corpuscles or bacteria, which gradually became less defined, and at last scarcely visible, in protoplasmic mass, in which segmentation then began to take place, and continued till it separated into active monads."

The limits of this paper will not admit of any further review. In conclusion, the comments of Alfred R. Wallace are appropriate: "The facts of heterogenesis, if established, will undoubtedly largely modify our views as to the universality of the action of 'Natural Selection.' They seem to show that, among the lower organisms, unknown laws of "polarity," akin to those which influence the production of crystals, but of infinitely greater complexity, directly cause the development of a vast variety of forms; while conditions of existence, to a great extent, determine the special forms that shall arise in each individual case. For such creatures 'laws of heredity' hardly exist, and if so, natural selection can have little or no power. If we consider the enormous variety of forms that have been here shown to arise by heterogenesis, it becomes evident that the field of action for natural selection becomes thereby considerably reduced. Again, the experiments detailed by Dr. Bastian prove the overwhelming importance of external conditions in determining the form that shall be assumed by many of the lower organisms, just the reverse of what has been found to obtain among the higher animals. And, what is still more important, the varying conditions do not act by producing changes in the adult organism which may be transmitted to their offspring, but actually so modify the developing germs as, from a similar starting-point, to produce organisms which would rank as of distinct species, genera, or even families. The change produced seems to be quite incommensurate with the modified conditions which lead to it, and we are thus forced to accept some form of belief in innate tendencies, or laws of progressive development, dependant on the polarities, forms of equilibrium, and attractive or repulsive properties of the complex physiological units of which organisms are built up. Such views are generally repudiated by modern thinkers, but Dr. Bastian believes they are necessitated by the facts now brought forward, and that they are really not only in harmony

with, but almost necessary deductions from, the principles of the philosophy of evolution."

VERIFICATIONS OF SULPHUR, BRYONIA AND HEPAR SULPHUR.

By Homer I. Ostrom, M. D.

I submit the following clinical cases, not claiming for them originality, but as additional confirmation of what is already known.

Case 1. M— D—, aged 13 years, fell from a height of six feet, striking the occipital protuberance on the stone pavement; was taken up insensible, which condition, however, lasted but a short time. During the night she rested poorly, and the following morning vomited profusely, the character of which I could not learn. Was brought to me for treatment three days after the accident. Inspection showed no depression of the skull, or soreness of the spot injured. She complained of great dizziness when stooping, or standing on an elevation, which dizziness caused her to fall backwards; a sharp, darting pain *through* the right eye; and a dull headache in the frontal region. Her pupils were largely dilated. Gave sulphur, with directions not to repeat the dose if the symptoms were relieved. Next day, the pain in the eye was very much better, dizziness entirely gone, as was also the dull headache, but in its place a sharp pain *through* the forehead. Gave that valuable remedy, sac. lac., with very minute directions as to its administration. On the following day found her entirely relieved. Two weeks have passed, but no relapse has taken place. I have learned to look on the sharp, darting pain *through* the part as quite characteristic of sulph.

Case 2. Mr. H—, sandy hair, delicate white complexion, had suffered from rheumatism, not having been able to leave his room for two weeks. The disease was confined to the knee-joints, which were swollen, red and shining. Motion was among the impossibles, and he wanted to keep the parts well wrapped up in something warm. Gave Bryonia. The second day following I called, but the bird had flown—down town to his business.

Case 3. John C—, aged 9 years, came under my care in the New York Homœopathic Medical College Dispensary. A fungus growth, the size of a small pea, was found on the lower border of the body of the inferior maxillary bone, about midway between the symphysis and angle of the jaw. The tissue surrounding the growth was indurated, and firmly attached to the bone beneath. It appeared as a small pimple, about six months ago, since which time one or two small sequestra have been thrown off. The probe discovered a slight roughness of the bone. The discharge was thin, but not profuse. Previous history revealed nothing as to a cause for the trouble. A sore existed on the external ear, between the tragus and anti-tragus. Over this a crust formed, which was easily removed, leaving a bleeding and exquisitely sensitive surface beneath. Gave hepar sulph. In one week returned. The adventitious growth had diminished in size, and looked like healthy tissue, and the discharge stopped; the sore on the ear entirely gone; but he didn't rest well at night. Until twelve o'clock he was very quiet, but after that his sleep was disturbed by frequent jumpings, startings and screamings. One dose of arsenicum relieved this condition.

CLINICAL CASES.

By John F. Miller, Newark, N. J.

August 3d, 1872. Miss Mary H., Age 22. Slight goitre. Menses scanty; irregular. Skin sallow. Chills last year. Lassitude. Shortness of breath on going up stairs or walking. Gave sulph., iod., and puls., in the order named. Was under treatment about two months without any special benefit. A few months after this heard that she had a bad cough and was taking cod-liver oil, &c., which she took until she again came to me, April 7th, 1873, when I found she still had her old symptoms, and chills and fever. Anticipating tertian type. Before the chills restless; thirst. During chills bursting headache, aching all over. During fever, headache; worse from motion, light or noise, flushed face, throbbing in temples. Short hacking cough, with spitting a mouthful of blood

incessantly. Aching all over. She had three chills of this kind, with spitting of blood only during the fever. ℞ china 900 in water. A teaspoonful every three hours. When the time for the next chill she had only the aching of the bones for a few hours. Not much headache, and not any cough, or spitting of blood. Kept her on china 900, until April 18th. Says she feels better than she did before having the chills. Has improved wonderfully in looks, but still complains of lassitude and shortness of breath. ℞ nux 200, five doses. April 26. Not so much lassitude; other symptoms the same. ℞ ars. 200.

May 5th. Bones aching, bursting headache, hacking cough, sputa mixed with blood. Night sweats. Felt as if she was going to have chills again. ℞ china 44, M, every three hours. Have heard nothing since from her. Am certain she is better, or I should have heard from her.

May 8th, 1873. Mrs. Woodruff, first pregnancy, probably within ten days of confinement. Ever since she first felt life, has had heart-burn. *Worse from stooping.* From her description I should say it was a burning from the stomach to throat. Hot flashes. Hot water rising to mouth. Hiccup constantly. Thirsty. Sleepless on account of this burning and heat. Could not be covered or lie on left side. Must have all windows open. Pain in left side, shooting over to right side, and in both thighs. Cannot eat more than one or two mouthfuls, she feels so full. Constantly as if something hard came up in her throat choking her. These symptoms have been growing in intensity since quickening, except lump in throat which has been there two months. ℞ Lyc. 200, one dose. May 9th. Heart-burn all gone in two minutes. Slept well last night with windows all closed. Lump in throat all gone: can eat well. Some pain in left side, but does not feel like the same person.

PROVING OF LACTIC ACID.

By A. W. J—; age 23 yrs.; of a sanguine nervous temperament: have never been ill, and have never at any time taken drugs, except to notice their pathogenetic effects. Parents

healthy, and, so far as my knowledge extends, am not aware that any disease, hereditary or acquired, has ever appeared prominent among members of the family. Father died at the age of fifty-eight, of cerebral apoplexy; mother still living, aged 65, and enjoying remarkably good health.

On evening of Dec. 2d, took 16 pellets; on following morning (Dec. 3d), noticed several distinct bright red blotches on the anterior portion of the lower third of left leg, accompanied by a slight burning, though no itching; relieved by warmth, aggravated by cold; worse when quickly passing from warmth to cold, or cold to warmth; eruption brightest at 8 A.M.; in middle of day seemed to fade, though returned again at 6 P. M., and during the evening seemed to gradually grow lighter again.

The color of the spots grows brighter on pressure. Occasionally slight darting pains, which start in center of brain and move back in straight lines to center of occipital protuberance; aggravated by motion. Pupils unusually dilated; a sensation of fullness in eyes, and a confused, bursting-out feeling when looking steadily at any object, especially a bright light; relieved by closing lids.

Dec. 4th. Eruption as on day previous; nausea on awaking, with a sensation of weight low down in stomach, attended with the same headache as on the day previous; pains predominant in posterior portion of head; mouth dry, and tastes like copper metal; nausea continues; unable to eat usual breakfast; food seems loathsome; sickness almost to vomiting; better after eating; the nausea marked before taking food; all symptoms aggravated before breakfast, and at 6 P. M.

Dec. 5th. Essentially the same symptoms as on day previous, though they are in all respects milder.

Dec. 6th. The morning sickness prominent until 10 A. M., the eruption disappearing; fade from periphery towards the centre, the centre remaining bright.

Dec. 7th. Eruption disappeared; no symptoms of note.

Dec. 8th, 5 P. M. Took 15 pellets.

Dec. 9th. Woke at 6 A. M.; much nausea, especially before getting up; a faint, gone feeling, low down in stomach; mouth dry, taste metallic; pain in head, starting in center of brain

and passing back to occipital protuberance; head and stomach symptoms better on getting up; considerable nausea until breakfast; relieved by eating. The rash, or, rather, deep red blotches, which were formerly on lower left limb, now appeared on both legs; seem to move up to the thigh. 12 M. Am feeling quite well. 4 P. M. More of the headache; pupils considerably dilated; blotches on both legs and thighs. 11 P. M. went to bed.

Dec. 10th, 6 A. M. The symptoms continue as yesterday, though in a more aggravated form. No thirst, but a dry mouth; tongue feels large, and coated white; better after breakfast. The red eruption has extended almost entirely over lower extremities; appears only on lower limbs; itches, but scratching aggravates; much burning; the red does not disappear on pressure, but grows brighter. 12. M. Feel very well. The rash fades somewhat in middle of day; pupils permanently dilated. 6 P. M. Do not feel as well as 24 hours ago. Flashes of heat over entire body; face unusually red; pulse 90; feverish. 10 P. M. Went to bed.

Dec. 11th, 5.30 A. M. Woke suddenly. Very much nausea; grows worse: vomit. The material thrown up is like water, very thin and colorless. Mouth hot; the tongue seems to fill it up. The eruption not as distinct as yesterday morning. On getting out of bed the stomach symptoms are somewhat relieved. No desire for breakfast; the stomach seems to almost come up in my mouth; worse on sitting still. Did not go to breakfast. The same nausea all the forenoon, until about 11 o'clock, and seems to wear away. 3 P. M. Feel very well. 6. P. M. Headache more marked than in morning —predominates in posterior portion of head; other pains move back in lines; pupils dilated more in afternoon than morning. Retired at 10:30 P. M.

Dec. 12, 8 A. M. The symptoms as on day previous, though milder. Much nausea, but no vomiting; appetite better, and eating seems to relieve. 6 P. M. Headache, as formerly, though milder. Rash nearly all disappeared.

Dec. 13, morning. Nausea, gone sensation low down in stomach; better after eating. 6 P. M. No symptoms of note.

Dec. 14th. Some stomach symptoms, though they seem to be passing off.

LACTIC ACID.

Proving with the 200th.

By Miss Sarah Tremper, 1872.

Drop doses every hour, till a symptom appeared, then discontinued. In this case, took 12 doses before a symptom appeared.

1872, Feb. 3, 1st day. Pain in frontal region, just above the eyes, dull and heavy, continuing all day. From 12 to 4, it was very sharp and severe, and extended into the left eye. After 4 P. M. it ceased. Tongue coated with thick, white scurf. Felt sick at my stomach all the morning, and till 3 P. M., after which lower part of back commenced to ache, and continued till 10 P. M.

Feb. 4th, 2d day. Tongue coated thick white scurf. Pain in front of head, but not so severe. Pain in small of back commenced at 11 A. M., passing up left shoulder and side of neck. Did not last long in neck and shoulder, but continued in back all day. Peculiar twitching across the upper lid of right eye; twitched two or three times, and then passed away; occurred about 10 A. M. Left eye twitched the same way at 11 A. M. Sharp pain around my heart, which caused palpitation for a few minutes, at 11½ A. M., and continued till 2 P. M. Full feeling across the top of the head at 10 A. M., increasing till 11 A. M., as if all the blood in my body was in face and head. At 12.25 P. M. it was very severe, and extended into the eyes, but was most severe on the left side. Ceased at 10 P. M. Pain in second joint of right thumb at 1 P. M.; continued an hour. Index-finger of right hand felt sore between the first and second joints, and also between the second and third joints. These pains continued during the proving, alternately appearing and disappearing. Sharp pain in the back part of left breast during the afternoon, and at 6 P. M. had a similar pain in the right breast, after which felt sore to the touch; soon passed away. Sharp pain in lower part of left side at 10.30 P. M., for a short time. Urine light reddish, but clear.

Feb. 5th, 4th day. Tongue coated thick white. Light pain in forehead and head; was sore to the touch. First finger of the right hand is swollen, and there are two bright red spots on it, one between the first and second joints, and the other between the second and third joints. The last itched once or twice during the day. Pain in the back part of the right breast at intervals during the morning, till 11 A. M., when the pain extended to the axilla, which feels sore to the touch. Sharp pain darted through the lower part of the right breast at 1 P. M., and continued at intervals during the afternoon. Pain across the lower part of the bowels, in the right side. Pain in the region of the kidneys from 11 to 12 A. M. Pain in the left eye and eye-brow, extending across the forehead, and continuing from 2 P. M. the rest of the day. Upper part of head feels full, but less than yesterday. Right index finger still swollen; the red spot between the first and second joints has disappeared; the spot between the second and third has itched all day, and from 2 P. M. till 10 P. M. it itched and burned like a bee-sting. Head and lower part of back continued to ache all night, and the pain extended to the shoulders, especially the right. Restless all night; could neither lie still nor sleep.

Feb. 6th, 5th day. Tongue coated thicker than usual, and left a bad taste in the mouth. Headache ceased after bathing. Sharp pain across the small of the back and shoulders, worse when walking. A sharp sore pain continued all day; at 10 A. M., continued till 10 P. M. Sharp pain in left eye, more while

reading; photophobia. Continued all day. Head began to ache across the forehead, worse on left side. Felt weak during the morning. Top of the head full, as if it would burst, at 10 A. M. Right index finger is still sore between the first and second joints, but not red, while between the second and third joints it is red, but not sore. Sharp pain across top of the head; the head is sore to the touch. The soreness did not continue long, but the head ached from 1 till 5 P. M. Left lung and back of breast felt sore all day, but did not pain me. Bowels loose, with pain in abdomen after stool, which soon passed away.

Feb. 7th, 6th day. Tongue coated thick white. Headache in forehead on waking; worse at 8 A. M.; continued all day at intervals. Did not sleep well; was restless. Back ached all night. Sharp pain in right breast at 11 A. M. Rheumatic pain in right side of neck and right breast, aggravated by stooping the head; continued about an hour. Pain in back of left breast two or three times during the day. Red spot on finger still there, but not sore.

Feb. 8th, 7th day. Tongue clean. Slept better than the two preceding nights. Slight pain in forehead during the day.

Feb. 9th, 8th day. Tongue still coated, but no bad taste in mouth. Pain only in lower part of back; ceased at noon. Spot on finger very bright all day. Urine high-colored, but clear.

Feb. 11, 10th day. Head commenced aching about 10 A. M., in forehead, over the eyes. Fullness in top of head, as if all the blood was there; worse in the afternoon, and extended into left eye. Felt a sensation as if the blood was all trickling down from the front to the back part of the head. Great distress in the region of the kidneys. Frequent desire to urinate. Urine high-colored, but clear.

Feb. 12, 11th day. Tongue slightly coated. Frontal headache in the morning, which soon ceased. Red spot on finger looks like a blister.

Feb. 13th, 12th day. Tongue slightly coated. Lightness of head. Nose stopped up during the morning. Dry cough all day. Fullness of the head all day. On stooping, it seemed as if the blood would spurt from the nose. Better at 10 P. M.

Feb. 14th, 13th day. Tongue slightly coated. Coughed at intervals during the night and to-day. No expectoration. Discharge from nose white and frothy, a little thicker than water.

Feb. 15th, 14th day. Cough and discharge from nose, but not so frequent. Tongue coated thick yellow. Red spot on index finger partially disappeared yesterday, but came out bright red to-day at 10 A. M. Constipated; no movement since yesterday morning.

Feb. 16th, 15th day. Tongue coated thick yellow. No bad taste in mouth. Occasional cough during the day and night. No expectoration. Slight discharge from nose. Stool small, hard and lumpy. Spot on finger not so bright.

Feb. 17th, 16th day. Cough oftener; no expectoration. Increased discharge from nose, same in character as before. Pain in forehead, just above the eyes, and in the right eye, but did not last long. Menses due to-day, but have not come.

Feb. 18th, 17th day. Thick yellow coat on tongue. Cough better. Bloody discharge from the nose several times during the day. Spot on finger gone.

Feb. 19th, 18th day. Tongue slightly coated. Cough gone. No more symptoms.

March 5th, 35th day. Menses commenced 45 days from last period; very slight. In the morning had pain across the small of back, and in the lower part of abdomen. Menses came on more about 11 P. M., with a very distressed feeling across the lower abdomen. Back pained all day and night. Flow scanty and pale.

2D PROVING, WITH THE 1000TH "FINCKE."

1872, March 20th, 1st day. Took a dose at 11.30 A. M., and 9 P. M. After second dose, had sharp pain in forehead, just above the eyes; continued all night. Pain in small of back all night. Vertigo and sleeplessness at night. Menses came on (26th day) at night, more profuse than usual.

March 31st, 2d day. Thick yellow on the tongue in the morning. Pain in back in the morning. Bearing down pain in upper abdomen. Sharp pain across lower bowels, followed by diarrhœa, which continued, with the pain in the back, at intervals, all day. Back ached at night so that I could hardly lie in bed.

April 1st, 3d day. Tongue coated yellow; no taste in mouth. Pain in small of back, extending up to shoulders. Nausea at 10.30 A. M. Pain across forehead, and into left eye, a dull, heavy pain. Felt sick all over, relieved by eating lunch at 12 M. The pain in the head and eye seemed to be in the back of pupil. Felt cold and chilly at 12 M.; soon passed off. Slept better. Back did not pain so hard as last night.

April 2d, 4th day. Tongue coated yellow. Pain in small of back. Pain in forehead, above the eyes, increased and very severe at 12 M. Head dull from 12 to 3 P. M.; less severe after 1 P. M. Pain in head grew worse, and appeared to go all through the head and eyes. Pain in eyes aggravated by shutting them; nearly as severe when opening them. Pressure on the cornea was very painful. Nauseated all the afternoon, but could not vomit. Menstruation ceased to-day. Slight fever at 6 P. M. After eating, at 6 P. M., felt a pain in lower part of left side, which extended round to the back; soon passed off. Pain extended from left eye to eye-tooth like neuralgia. Nearly all symptoms went off by 8 P. M.

April 3d, 5th day. Tongue coated yellow. Head commenced aching at 11 A. M., and increased till 3, when it seemed as if it would burst. Eyes felt as if they would burst open or burst out of my head. Aggravated by turning the head. Continued very severe all night. Memory seems affected; cannot remember anything an hour after it has happened, which is unusual.

April 4th, 6th day. Tongue coated yellow; bad taste in mouth all day. Some pain in head. Chill 12 M.; not so severe as the last. Fever, with severe headache, from 1 P. M. to 4. Head improved, and at 8 P. M. pain all gone. Pain in back, but not so severe in this chill as before. Bowels irregular, but no diarrhœa since March 31st, nor any colic. Constipated more than usual.

April 5th, 7th day. Tongue slightly coated. No more symptoms.

3D PROVING, WITH 10M.

1872, May 20, 1st day. Head ached slightly across the forehead and eyes at various times during the day. Nauseous sickness during the afternoon and evening.

May 21st, 2d day. Very tired on waking, with aching of the limbs, as if I had not slept any. Head dull and heavy, with an occasional pain in forehead and eyes. Congestion, as if the blood were forcing its way out of the eyes. Vertigo on stooping. Sore pain across the lower part of back all day. Urine white and thick this morning.

May 22d, 3d day. Headache across forehead and eyes when I awoke, but was worse in the left eye; a dull pain. Felt very sick at stomach; was relieved by eating breakfast. Tongue coated slightly yellow. No bad taste. Urine light reddish, but clear.

May 23d, 4th day. Head dull and heavy all night and this morning, with pain

in the forehead and eyes. Pain in small of back about noon, and continued all night. Urine natural.

May 24th, 5th day. The pain in small of back continued all night. Head dull, and pain in forehead and eyes. Felt very tired on waking; did not sleep well; was restless; seemed to have bad dreams, but did not remember them. Urine natural. Tongue coated yellow.

May 25th, 6th day. Head felt heavy, but no pain. Slept better. Tongue coated yellow.

May 26th, 7th day. Congestion as if the blood would burst out of the forehead and eyes; and at 11 A. M., while sitting in church, felt as if the blood would spurt from the nose, and as if it were impossible to sit another minute. Felt very nervous about my head. Head felt full all day.

May 27th, 8th day. Sore pain across the forehead; painful to touch. At the same time felt sick at the stomach.

May 28th, 9th day. Slight pain in front of head, just over the eyes. Pain increased during the day, and at 8 P. M. felt pain all over the head and in the eyes. The pain was not so severe, but the rush of blood to the head and face caused a distressing fullness. Back ached across the lower part all day. Menses came on during the day at the right period.

May 30th, 11th day. Pain in head and back continued all night. Tongue slightly coated, yellow. Constipated.

June 1st, 13th day. Evacuation this morning, with protrusion of piles; very painful; had to sit down two or three times; could not walk. Congestion of blood to the head.

June 2d, 14th day. Rush of blood to the head and face several times during the day, and 8 P. M. nose bled a little.

June 4th, 16th day. Head still feels dull; about 11 A. M. rose quickly from my seat, and the blood flew to my head so that everything turned black before my eyes, and I nearly fell down. No more symptoms.

SYPHILITIC IRITIS, AND ITS TREATMENT.

By GEO. S. NORTON, M. D.,
Resident Surgeon, New York Ophthalmic Hospital.

(*Concluded.*)

Sometimes we are obliged to treat even severe cases of this disease as out-patients, and still effect excellent cures. In such cases, the eyes must be carefully guarded by bandaging the affected one, and protecting the other by a shade or colored glass when out doors. But in any case, especially if at all severe, the patient should if possible be confined to the house, in a darkened room, put to bed, and have both eyes bandaged, particularly the affected one, which should be kept warm by covering with lint, or, what is better, fine cotton, it being not as heavy and warmer. In this way, abso-

lute rest is secured, and any cause for the slightest straining of the eye avoided. Regarding diet, if the patient be strong and robust, giving him a low diet, with plenty of milk, is generally the most beneficial, although that is principally regulated by the general condition of the patient.

Atropine is the main reliance of the old school, and we, as homœopaths, are not able to do without it entirely as yet, owing, I think, mainly to our limited knowledge of the materia medica as applied to the eye. When the time comes that we thoroughly understand the action of our drugs, we then perhaps may be able to dispense with the use of atropine. I have seen cases treated in the Hospital without the use of atropine entirely recover, leaving no adhesions to the lens behind, and it is principally from this that my conclusions are drawn that atropine is not absolutely necessary. If, however, there is a rapid tendency to the formation of adhesions to the lens, or if the severe pain cannot be controlled by remedies, the instillation of atropine then becomes necessary, and generally a strong solution must be used to have the desired effect, as the iris is very sluggish, owing to the infiltration into its parenchyma. A solution of the sulphate of atropine (4 grs. to the ounce) is generally used in this Hospital, although sometimes a much stronger solution is necessary, while at other times a weaker solution will suffice to produce wide dilatation.

The action of atropine is threefold: 1. Wide dilatation of the pupil is produced, thus removing the iris from contact with the lens, which serves to prevent adhesions of the iris to the capsule of the lens. 2. Owing to the dilatation of the pupil, the inflamed iris tissue is completely at rest, as it cannot act upon the stimulus of light. 3. It diminishes the intra-ocular tension, which relieves the pain to a great extent.

Now we come to the application of our homœopathic remedies to this serious trouble, where so much depends on the proper selection and administration of our remedy at the proper time. The symptoms of the following drugs are not founded entirely upon theory, but have been clinically proven in many cases by the surgeons of this Hospital, especially by Dr. T. F. Allen, to whom I am indebted for many of the clinical verifications of the different remedies.

Mercury, in some one of its preparations, is our sheet-anchor, and is more frequently indicated than any other drug.

Merc. corros. This preparation of mercury has proved more useful in the hands of Dr. Liebold than any other one remedy, and in the lower potencies. Is especially indicated when the pains are *very severe, burning and cramping* in character, aggravated in the evening and after going to bed; intense photophobia, with profuse acrid lachrymation; swelling of the lids and parts around the orbit; hypopion; tongue covered with yellow slime; appetite poor.

Merc. sol. Pains of a tearing, cutting character, with much heat in the eyes; always *worse at night after going to bed*, by warmth, and in rainy weather. Burning pains, especially in the open air. *Very sensitive to heat or cold.* Violent, burning, acrid lachrymation in the evening. Very sensitive to light, especially to the glare of a fire; *gaslight more painful than sunlight.* Pains around the eye, and of that side of the face, with considerable heat, and feels sore to touch; aggravated in the evening. Lips red, swollen and spasmodically closed. Accompanying these we have other mercurial symptoms, as syphylitic pains, worse at night; profuse perspiration at night, which does not relieve; soft, flabby tongue, showing the indentations of teeth, and coated with a whitish mucous; salivation, ulcers in the throat, copper-colored eruption, etc., etc.

Merc. protiod. The eye symptoms of this drug, as applied to syphilitic iritis, differ very little from merc. sol., and it is for general symptoms we prescribe it, such as ulceration of throat, with enlarged tonsils; very offensive breath; tongue soft, red tip and edges, with a *thick yellow base;* glandular swellings in the neck, &c.

Cinnabaris. A very important remedy in many cases of syphilitic iritis, especially when indicated by that characteristic symptom, *pain from the inner canthus across the brow;* also *a pain which seems to run around the eye;* shooting pains in the inner canthus, with burning and itching; drawing sensation from inner canthus, across the malar bone to the ear; some photophobia and lachrymation, or dryness of the eye; pains are worse in the evening, and often intermit in severity.

Thuya occ. The most important remedy, after the condylomata have formed. *Large wart-like excrescences on the iris, with severe, sharp, sticking pains in the eye, aggravated at night, and ameliorated by warmth.* Accompanying this, much heat around the eye, and of the corresponding side of the head; pressure in the eyes; tearing pain in the left eyebrow, going off by contact; pain above the eye (left), as if a nail was being driven in; injection of the sclerotic and conjunctival vessels; feeling of fine sand beneath the lids; must be kept warmly covered; lachrymation in the open air; tears do not run off, but remain standing in the eye; lids swollen, red and indurated.

Asafœtida. Especially indicated after the abuse of mercury. Pains severe, of a *burning, sticking,* or *pressing* character; tendency toward periodicity; *pains extend from within outwards; relieved by rest and pressure;* burning in left brow; dull pressure at external border of left orbit; cramp-like drawing across the brows.

Aurum. The indications for the use of this remedy are found principally in the *bone pains.* Tearing, pressing pains in orbit, and above the eye, extending down into the ball; burning heat, especially on trying to open them; *pressing pain* from *above downwards,* and from *without inwards,* aggravated on touch (reverse of asaf.); dull stitches in ball (left), and a feeling of pressing out at internal canthus; vision indistinct, as from a dark vail before the eyes.

Nitric acid is an important remedy, especially called for after suppressed syphilis, or after the abuse of mercury. Pressing, stinging pains in the eyes; also a feeling as if an ulcer was being pressed on; pains worse on a change of temperature, at night, and on touching the parts; lids swollen and burn in the morning; acrid lachrymation.

Petroleum. Pressing pains in eyes, as from sand, worse in the evening and by candlelight; stitches in the eyes, and considerable lachrymation; skin around the eyes dry, scurfy, with small pimples. And is especially indicated when accompanied by a *dull pulsating pain in the occiput,* or may be more of a pressing, stinging headache.

Belladonna may be sometimes, though rarely, of use in

the first stage, when accompanied by great fever, throbbing headache, flushed face, &c., worse in the afternoon.

Hepar sulph. is of more use when the inflammation has extended to the ciliary body, or after condylomata have ruptured, and there is pus in the anterior chamber. Pressing, boring, throbbing pain in the eye, *ameliorated by warmth*, and aggravated by motion; *eye very tender to touch;* much photophobia and redness of conjunctiva, even to chemosis; relieved by keeping the eye warmly covered. Hypopion; lids red, swollen, spasmodically closed, and sore to touch. The patient feels chilly, wants to keep warmly covered.

Sulphur is more of an intercurrent remedy, or may be necessary at last to finish the cure, especially in removing any recent adhesions. When indicated, there is generally present that characteristic symptom of *little, sharp, sticking pains in anterior part of the eye, feeling as if there was a glass splinter under the lid*, which sticks in on every motion of the ball. Like other sulphur symptoms, these are generally aggravated by washing; considerable burning and itching of the eye and lids, worse by washing in cold water. Especially of use in scrofulous subjects.

Chin. mur. has been used with benefit by Dr. Liebold in some cases where the pains are very severe, and of an intermittent type, accompanied by chills and some fever.

Rhus tox. may be sometimes called for, when there are sharp, stinging pains, worse at night, after midnight, compelling him to move around, which temporarily relieves. Accompanying this, we have *œdematous swelling of the spasmodically closed lids*, and *upon opening them a profuse gush of tears* occurs.

Ac. or bry. will hardly ever be of any use in this form of iritis.

Kali. carb., or one of the other preparations of potash, may be possibly indicated in some rare cases, as may such remedies as ars., clematis, arg. nit., lach., lyco., natr. sulph., phyto., and others commonly used in constitutional syphilis.

SURGICAL CASES.

By Wm. Tod Helmuth, M. D.

Case 1. *Resection of the Entire Calcis—Amputation of Leg—Recovery.*

On Nov. 9, 1872, was called by Dr. J. A. McVicar, of New York, to see a young lady who, for a number of years, had been suffering from disease of the heel. Upon examination, there were found four sinuses, the openings of which showed that peculiar pouting and puckered appearance which indicates diseased bone. The probe revealed extensive caries of the calcis, and it was determined, upon due consultation, to remove that bone entire, and thus, if possible, to save the foot and leg.

Some months ago, I detailed, in the *New England Medical Gazette*, a case of resection of the posterior surface of that bone, and in that paper gave a record of the various incisions that have been used from time to time in the performance of the operation. I am now quite well satisfied that a modification of the incision of Erichsen will allow the entire removal of the bone without in any way compromising any vessels, especially the posterior tibial artery. This vessel in the lower portion of its course is situated about *midway* between the tuberosity of the calcis and the malleolus internus, and, winding around the anterior and internal portion of the calcis, supplies the sole of the foot.

I made the first incision longitudinally in the centre of the heel, beginning about an inch above the insertion of the tendo achillis, and terminating it at the sole. The second cut, beginning in the arch of the foot, or at the junction externally of the anterior face of the calcis with the cuboid, was carried around the margin of the sole of the foot, meeting the lower end of the first incision, and carried still around on the inside of the foot for about an inch and a half. Keeping the knife close to the bone, the heel-flap was dissected up, then the external and finally the internal flap. The bone was found very much diseased, and was easily broken. After its removal, it was found that the astragalus and portions of the articular extremities of the tibia and fibula were also involved,

and therefore I removed the leg at its lower third. All went on well, the wound healing kindly, and the patient rallying, until about the fifth week, when the edges of the wound became rather unhealthy looking, and the line of incision, which had apparently healed, broke open. At the same time, an abraded surface appeared on the upper part of the leg. Notwithstanding the different varieties of treatment which were adopted, and the very judicious management of Dr. McVicar, the wound showed but little disposition to unite, until, finally, Dr. McVicar suggested the use of a species of battery, which I have found recommended in Hamilton's *Science and Art of Surgery*, and which is also used by Brown-Séquard. A plate of silver foil is placed over the sore to be healed, a plate of zinc upon a sound surface near by, the two metals to be connected with an ordinary piece of copper wire, and the apparatus bound upon the leg. Care, however, must be taken that the plate of zinc be not allowed to remain too long on the sound integument, else a sore will soon be produced in that locality. It should be changed from place to place every 48 hours. If a more rapid action is desired, a cloth soaked with vinegar may be laid under the zinc. This application produced the desired effect. The lady rides and walks about, and is in the happy anticipation of an artificial leg.

Case 2. Amputation of the Leg for Compound Fracture—Recovery.

I was called by my friend Dr. Banks, of Englewood, to Fort Lee, to see a gentleman who had received a severe injury, having fallen and been run over. When I arrived, I found that the leg had already been neatly put up by Drs. Banks and English in a fracture box, and that there was comminution of bone. The leg was very purple; there had been quite profuse hemorrhage from one of the wounds, which, however, had been arrested. The pulsation, however, of the vessel, a branch of the anterior tibial, was very plainly visible. The patient, however, was a strong, healthy man, in the prime of life, and knowing what great results nature will sometimes accomplish, and remembering the great value of a leg

to a working man, we concluded to wait for a time, and see what would follow. After three weeks patient watching and attention, with varying appearances and results, symptoms of gangrene appeared, which spread rapidly; the wounds became filled with maggots, and it was necessary to remove the leg at its lower third. The circular operation was performed. A perfect cure resulted.

Case 3. *Amputation of the Arm at its Lower Third—Cure.*

A negress, aged about thirty years, fell, about a year before she was brought to me, striking her left elbow upon the ice. A short time after, severe pain was experienced in the outer face of the joint, which was supposed by her physicians to be rheumatic in character, and for which she took large quantities of iodide of potash, colchicum in round doses, besides calomel and opium, &c. After a time, fluctuation was observed, and the physician in attendance opened the abscess, which discharged freely. After this, several other points of exit were made by the pus, and upon introducing the probe, caries of the bones, entering into the articulation, was very evident. For several months I kept this patient upon silicea, calc., sulph., and other medicines, using injections of solutions of hydrastis and calendula, but without effect. It now became evident that surgical interference must be resorted to, and I determined to resect the elbow. The ordinary H incision was made, and the flaps dissected up, but the shaft of the humerus was so extensively involved that amputation was necessary. The circular was preferred. The patient made an excellent recovery.

Case 4. *Amputation of the Upper Third of the Humerus—Rapid Recovery.*

A boy, aged about 16, an attendant in a mill, caught his arm between the cogs of the wheels, and horribly mutilated it. When I saw him he had somewhat recovered from the shock of the injury, and had very much rallied since the internal administration of acon. and arnica in low potencies. The arm was upon a pillow, perfectly blue and perfectly painless. Traumatic gangrene had set in, and was rapidly extending.

Here was a case in which, to wait for the line of demarcation, is death. His pulse was 135 per minute, but his countenance was good, and he was very courageous, in spite of the lamentations and groans of his mother, father and sisters, who kept up a most unearthly howling around the poor boy. This wailing was in no way diminished when the parents were informed that the arm must be removed; indeed, the parents said they preferred death to the loss of the limb. The boy, brave fellow as he was, urged the performance of the operation. In this case, the upper third was the point of selection, and the flap operation was performed. He made a rapid recovery; was about in two weeks, and in four weeks was perfectly cured.

Case 5. A large Fatty Tumor—Cured by Internal Medication.

It gives me great pleasure to record this and the following case, because it is an evidence that surgical cases which at first sight will need operative measures, may by medicine internally administered, be cured.

Miss F., a beautiful and refined young lady, was sent to me by her medical attendant, to examine a large tumor occupying the posterior surface of the shoulder, and covering a space from the bend of the neck to the infra-spinatus fossa of the scapula. The parents were averse to operation, and desired that medical treatment should first be thoroughly tried before the knife was resorted to. I knew of no medicine that was especially homœopathic to fatty tumors, but was aware that Sir Benjamin Brodie had spoken very highly of the liquor potassæ in such cases, especially in the case of a footman who had an immense tumor extending from ear to ear, which was cured by the medicine. I therefore prescribed that medicine, five drops in a teaspoonful of sweetened water three times a day, gradually increasing the dose until she took ten drops at a time. In seven weeks from the date of commencing the treatment, the tumor had entirely disappeared. This has been over six months since, and there is still no trace of a return. The action of the medicine in this case led me to try it again in another, a lady sent to me by Dr. Belcher. I thought for a time that the tumor was lessening, but other

conditions arising, she was obliged to dispense with the medicine before she had given it a sufficient trial.

Dr. J. C. Morgan, of Philadelphia, reports a case of the kind cured by crocus[200]. The indications were hemorrhage (?) of dark clotted blood.

Case 6. Periostitis—Multiple Abscess—Erysipelas—Cure.

I was called by Dr. Marcy to see a gentleman who, many years before, had been troubled with an exostosis of the left tibia. He had suffered for several weeks excruciating pain, especially at night. The leg, from the knee to the toes, was very much swollen; the pulse was 140; the face pale and rather œdematous, and there was a doughy feel, and some slight appearance of fluctuation, at the upper and inner portion of the leg, near the head of the tibia. Upon careful examination, I thought I discovered pus, and, upon introducing an exploring trocar, found the diagnosis correct. I then introduced a sharp-pointed, curved bistoury into the swelling, cutting outward and upward. A stream of dark-colored, very fetid and flocculent pus followed, sufficient to fill two good-sized teacups. The patient was much relieved, and was put under silicea by Dr. Marcy, who conducted the whole medical treatment of the disease, and which shows plainly the wonderful action of homœopathic medicine. For two months or more the discharge kept up. I opened the leg in several places, and, notwithstanding the free outlet given by these drains, a large abscess formed in the popliteal space. This gave us great anxiety, fearing the joint would become involved. After one of these had healed, a second and a third formed. Two others, also discharging immense quantities, were opened above the internal malleolus, and on two occasions erysipelas set in. The second time I must say that I thought amputation would be the only resort. The whole leg was enormously swollen, purple spots appeared here and there, and the pulse ran up to 160, and the temperature to 103. Bell., rhus, and afterwards kali. hydriodicum, cured this patient entirely, and I heard yesterday (June 25) that he was quite well.

In my surgical practice, I never have known two more satis-

factory cases than this one and that recorded immediately above, and though the cure of such cases by medicine may deprive the surgeon of the éclat of a brilliant operation, yet they are, after all, true triumphs of conservatism.

Case 7. Pendulous Fatty Tumor of the Thigh—Removal—Secondary Hemorrhage—Cure.

Sir Benjamin Brodie says of the fatty tumor: "There is no distinct boundary to it, and you cannot say where the natural adipose structure ends and the morbid growth begins." The case now to be recorded is rather rare, on account of the pendulous character of the growth, it being like a large bag, from the inside of the right thigh immediately over the course of the femoral artery. The patient was a German, aged nearly seventy years, but was one of those tough, spare, rugged specimens of humanity that seem able to withstand many hard knocks without succumbing. This tumor had a pedicle, was pear-shaped, and hung down like a bag, and so flapped about while walking that he was obliged to wear over it a piece of sole-leather, which was strapped around the thigh. Upon introducing an exploring needle into the tumor, several drops of blood passed through the canula, and, from the apparent fluctuation, I was rather disposed to believe that there was a cyst, containing liquid. The pulsation imparted to the tumor by the femoral artery could be stopped by raising the tumor away from the vessel. Having placed a tourniquet upon the thigh, and made pressure on the femoral, a fold of skin was pinched up, after the manner of operating in hernia, and the incision made from within outward; a mass of fat protruded, showing the nature of the tumor, which was easily turned out from its bed. It weighed over five pounds. There was no hemorrhage, and after having cut away the redundancy of integument, the flaps were brought together, the wound closed with silver sutures, and the patient put to bed. In the evening, at 8 o'clock, I was summoned to the hospital. I found the patient faint from loss of blood, the flaps of the wound puffed out, a large clot oozing between the lips, and the bed-clothes saturated with blood. Dr. Seeger and Dr. Westover had applied persulphate of iron,

and put on the tourniquet, which had arrested the bleeding. The patient was in a cold sweat, and his pulse was weak and thready. I immediately cut away the sutures, turned out the large clots, and found four or five vessels bleeding quite profusely. With the assistance of the gentlemen above named, the vessels were secured, and no further trouble resulted. The patient made a rapid recovery, in spite of his going for a shave and a glass of lager before the last ligature had come away.

Case 8. *Fatty Tumor of the Neck, with Lobes beneath the Sterno-Mastoid and the Trapezius—Removal—Cure.*

A lady was sent to me by Dr. Richardson, of Brooklyn, with a tumor occupying the lower and anterior portion of the neck, saddling the clavicle, and with no very well defined anterior margin. This tumor had been noticed for some years, had remained stationary for a time, but now appeared to be growing rapidly. Consequently its removal was necessary. Upon dissecting up the flaps, the outer surface was intimately adhered to the integument, requiring quite a dissection to free it. When I came to the posterior margin of the sterno-mastoid, I found that the tumor extended, under the muscle, downward. Laying aside the knife (recollecting Mott's directions for tumors), with my fingers, and the handle of the scalpel, I enucleated these lobes from their hiding-place without trouble. I found that the posterior lobes extended, though not to so great an extent, below the trapezius. This portion of the tumor was treated in the same way. The lips of the wound were adjusted, and silver wire sutures used. The healing process did not proceed rapidly, the wound healing by the second intention. The patient made a good recovery.

A fatty outgrowth is sometimes intimately connected with the integument, but most generally is invested in a delicate capsule of its own, and, as has been before mentioned, is generally beneath the integument. These two cases I have recorded because in the one the growth was distinctly pendulous, and in the other it passed away from the skin, and hid itself away among the muscles of the neck.

MICHIGAN STATE HOMŒOPATHIC MEDICAL ASSOCIATION.

The fourth annual meeting of this Society was held in Flint on Tuesday and Wednesday, May 20th and 21st, when many interesting papers were read, resolutions on the adoption of Homœopathy into the University at Ann Arbor were presented, discussed, and finally adopted, and other important business transacted. As but few members were present in the morning, the Association adjourned, and reassembled in the evening, with the President, Dr. Thayer, of Battle Creek, in the chair. Dr. F. W. Cooke, of the Illinois State Homœopathic Medical Society, and Dr. R. E. Miller, of the New York State Homœopathic Medical Society, were introduced, and admitted as delegates. The censors reported that John Halbert, M. D., and Fanny White, M. D., of Jackson, and Thos. W. Robertson, M. D., of Battle Creek, had applied for admission as members of the Association. On unanimous recommendation, they were sworn in.

Dr. R. W. King, of Kalamazoo, presented a paper on the use of the microscope in medical practice. He spoke of its great importance to the student of medicine, and advised its constant use. He then devoted considerable time to the generation and development of various animal and vegetable substances, demonstrating the several processes by means of the microscope, and by diagrams, etc. On motion of Dr. Pomeroy, of Detroit, the paper was accepted and referred to the Committee on Printing.

Dr. Cooke stated that Homœopathy was now enjoying a high degree of success in Illinois. It has been recognized by the government, and is destined to revolutionize the practice of medicine.

Dr. Miller, of New York, reported the societies of his State to be in a flourishing condition, with a rapidly increasing membership.

On motion of Dr. Pomeroy, Drs. Malcolm, King and Calvert were appointed a Committee on Resolutions.

Dr. J. C. Jeffries, of Saginaw, described the peculiar remittent and intermittent fevers of the Saginaw Valley. The fever comes on late in the day, is of short duration, but is sometimes followed by a second attack, which continues through the night, passing off with profuse perspiration. The liver is torpid, with a general appearance of jaundice. Under allopathic treatment the fever sometimes takes on a typhoid type, but a cure is generally effected in four or five days by the use of homœopathic remedies. A second attack may occur in a week or ten days, but a third attack is rare. He thinks ague can be cured with quinine, the only trouble being that it is oftentimes administered injudiciously.

On Wednesday morning, in the absence of the Auditing Committee, Drs. Pomeroy, King and Woodruff were appointed to serve in that capacity.

Dr. Woodruff, of Ann Arbor, read an interesting paper on the "Laws of Principles and Cure." The subject was presented in a very able manner, and at the close accepted and referred to the Committee on Printing.

Dr. Pomeroy, of Detroit, read a paper on Materia Medica. In the course of his remarks he said: "Our materia medica is a logarithm table, which we must consult faithfully and constantly in order to a proper solution of the pathological problems, both simple and complex, that are continually presented for our consideration. No treatise on therapeutics, no record of the experiences and observations of others, can supply this individual requisite of every homœopathic physician, or enable him to discharge his duty to humanity. The study of pathological conditions can not be

obtained otherwise than through its extreme manifestations. A correct understanding of the homœopathic materia medica recognizes that not only a complete record of individual and collective symptoms, but also a full and comprehensive means of information as to all that pertains to the diseases of the human organism, in their pathological as well as in their therapeutic relations. In concluding, he said that he would briefly remark that as a knowledge of human nature should be obtained in the aggregate by a study of and acquaintance with individual character, so also must we obtain a knowledge of the homœopathic materia medica by a study of individual remedies. This knowledge must come as the fruit of labor—of much unceasing study. Without it the principles of homœopathy cannot be applied in practice, nor the requirements of its therapeutic law fulfilled."

The paper was accepted and referred to the Committee on Printing.

MEDICAL EDUCATION.

Dr. J. G. Malcolm, of Flint, then read an interesting paper on "Medical Education," which was accepted and referred to the Committee on Printing.

RESOLUTIONS.

Dr. Malcolm, of the Committee on Resolutions, which was appointed at the session last evening, reported that the committee were unable to agree on any resolutions, and asked that the committee be discharged. The committee was discharged.

The President, Dr. Thayer, appointed a new committee, consisting of Drs. Pomeroy, King and Woodruff, to draft resolutions. The committee reported as follows:

Resolved, That this society heartily approves of the action had at the recent convention at Ann Harbor, in the selection of candidates for recommendation to the Board of Regents for the chairs of materia medica and theory and practice, and will give its hearty support to those whom it may select from them or others whom, in their wisdom, it may choose for these positions.

The adoption of the resolution was opposed by Drs. Calvert and Malcolm.

Considerable discussion ensued, *pro* and *con*, on the subject, and Dr. Woodruff, as a means of harmonizing the diverse opinions entertained by the members of the Association, offered the following as a substitute to the resolution:

Resolved, That we thank the profession at large for the expression of interest taken in our State University, as expressed by the convention at Ann Harbor, and further by the very numerous letters of approval and the effort made by the most able men among us to prevail upon men of the highest ability to represent homœopathy in the chairs recently erected by the Legislature, and in return shall relax no effort to secure the right men for the right place, that our University, now so justly celebrated, may still advance, and fully compensate the people for the ample provision made for that institution.

Dr. Eldridge moved to amend the substitute by striking out all after the word "Legislature," and attach the substitute to the original resolution.

Dr. Calvert moved to refer the matter back to the Committee on Resolutions for further consideration. The motion was lost.

The substitute as amended prevailed.

The President appointed the following committees for the ensuing year:

Medical Committee—W. J. Calvert, of Jackson; T. F. Pomeroy, of Detroit; R. King, of Kalamazoo.

Auditing Committee—J. G. Malcolm, of Flint; C. S. Barton, of Hastings; E. B. Graham, of Three Rivers.

Censors—A. J. Sawyer, of Monroe; J. H. Wattles, of Battle Creek; I. N. Eldridge, of Flint; M. Rhorabacken, of Blissfield; T. W. Robertson, of Battle Creek; J. G. Malcolm, of Flint.

APPOINTMENT OF DELEGATES.

Dr. R. W. King presented the name of Dr. O. Adams, of Flint, for election as a member of the Association, and, on ballot being taken, he was unanimously elected.

ELECTION OF OFFICERS.

The Association then proceeded to the election of officers for the ensuing year, with the following result:

President—R. W. King, of Kalamazoo.
Vice-President—F. Woodruff, of Ann Harbor.
Second Vice-President—W. J. Calvert, of Jackson.
Secretary and Treasurer—I. N. Eldridge, of Flint.
Corresponding Secretary—J. G. Malcolm, of Flint.

The following gentlemen were appointed as delegates to the American Institute of Homœopathy, to be held in Cleveland on the 3d of June next: Drs. A. A. Bancroft, of Lansing; I. N. Eldridge, of Flint; W. J. Calvert, of Jackson, and A. Sawyer, of Monroe.

The following gentlemen were appointed delegates to State Societies: J. G. Malcolm, to New York; T. F. Pomeroy, to Ohio; R. W. King, to Illinois; I. N. Eldridge, to Indiana; J. H. Wattles, to Pennsylvania; W. J. Calvert to California.

The President, in retiring from the Presidency of the Association, thanked the members for the courtesy and consideration which had been extended to him, and the deference paid to his rulings, during his term of service. He then surrendered the chair to his successor, Dr. R. W. King, of Kalamazoo, who, in a few remarks, returned thanks for the honor which the Association had seen fit to confer upon him. He awaited the pleasure of the Association.

The subject of designating the places at which the next meetings of the Association should be held was next in order, and on motion of Dr. Calvert, of Jackson, a motion prevailed that the next semi-annual meeting should be held in the City of Grand Rapids, and that of the annual meeting at Jackson; but it being made known that no member of the Association was a resident of Grand Rapids, the matter in reference to the plan of holding the semi-annual meeting was reconsidered, and, on motion, it was determined that the semi-annual meeting should be held in Detroit.

Dr. E. H. Drake was appointed as chairman of a Committee of Arrangements to make suitable provision for the reception of delegates to the semi-annual meeting to be held in Detroit.

The Association then adjourned.

HAHNEMANN ACADEMY OF MEDICINE.

April 7th, 1873.—Concluded.

Dr. Lilienthal believed carbo to be a hemorrhagic drug, while bryon. was not.

Dr. Burdick cures nine-tenths of all his cases with it.

Dr. Jones thought carbo. must cure only venous hemorrhages, as it especially affected the veins.

Dr. Emma Scott cured a severe, bright-red uterine hemorrhage, occurring every

two weeks, with indurated internal os, and granulated cervix, with caulophyl.30, after she had failed with the tincture.

Dr. Mary Everett cured an intermittent occurring every Thursday between 10 and 11 A. M., chill most marked with nausea, no fever, sweat in large drops on forehead, with sulph.200, two doses.

Dr. Thomas had case of softening of brain, with numbness of surface, staggering gait, stuttering speech, viscid ptyalism, worse mornings, irritable disposition, excessive headache, spare habit, florid face. Thuya.200 removed stuttering, staggering, irritability, headache, and ptyalism. Also,

In a boy of 12, sudden periodic colic, like knives cutting about the umbilicus; worse by eating, though he was ravenous in appetite; relieved by motion. Ruta. relieved.

Dr. Throop has given iod. of lime in enlarged cervical glands resulting from cold, without any effect.

Dr. Hunt (F. W.) thought he had succeeded with iod. of lime in enlarged tonsils, when calc. carb. had failed.

Dr. Jones had case of intermittent occurring every Friday at 10 A. M.; chill lasted till afternoon, and was followed by sudden profuse sweat, and then by dry heat. Capsicum, low, cured.

Dr. Bradford has verified use of badiaga in buboes. One seemed about to burst, from pus, but lancing brought only blood. Badiaga 1st dec. stopped the pain, and reduced it very rapidly. Also,

Scrof. child, after whooping-cough, had large, hard abdomen, morning diarrhœa, thin, dark and offensive; moderate thirst, emaciation, restless nights, soreness about lips, etc. Iod. of arsen. 3d produced rapid general improvement, all except the appetite and strength, when calc. phos. astonished every one by its restorative effects. Also,

Noticed the epidemic of rheumatic neuralgias at the back of the neck and head. Dr. Allen had given cimicifuga with success. Dr. Swan had used bryon., and failed with cimicif.

Dr. Burdick related a case of valvular lesion of the heart, with great puffiness of the abdomen, short hacking cough, and great dyspnœa; could not lie down; heart very violent in action. Lyc.; no effect. Then, when death seemed imminent, he gave oil of hemlock, which removed many of the symptoms, so he can lie down. Dr. B. gave it on the strength of finding oxalate of lime in urine.

Dr. Jones said that oxalate of lime in urine could not be characteristic, as it was a purely accidental product, and was produced by any waste of tissue.

T. F. ALLEN, M. D., *Rec. Sec'y.*

REPORT OF THE DISPENSARY OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

23D STREET, COR. 3D AVENUE.

We have just completed the first year of the occupation of the new and commodious quarters in the "Ophthalmic Hospital" building.

During this time we have dispensed 14,235 prescriptions to 3,883 patients, and made 502 visits at the homes of patients too poor to procure and pay for the services of a physician.

At present the numbers applying for aid are much greater than last year at this

time, the number prescribed for in one day reaching 128, or at the rate of about 40,000 per annum.

The number of prescriptions made for one year ending Oct. 1st, 1871, was 6,182, and attention is asked to the proportional increase as compared with the year just passed.

Our board consists of 12 physicians, each occupying an hour, thus covering the time from 10 A. M. to 4 P. M. and from 7 to 8 P. M. The names of the present corps and the hours occupied by each are as follows: Dr. Rounds, 10 to 11 A. M.; Drs. Norton and Miller, 11 A. M. to 12 M.; Drs. J. H. Thompson, Fleming and Boynton, 12 M. to 1 P. M.; Drs. Ostrom and Conant, 1 to 2 P. M.; Dr. Hunt, 1.30 to 2.30 P. M.; Drs. Berghaus and Frye, 2 to 3 P. M.; Dr. T. V. Smith, 3 to 4 P. M.; Dr. Ammi Brown, dentist, 2 P. M. Tuesdays; Dr. Boynton, 7 to 8 P. M., and Sundays 1 to 3 P. M.

There are present in the building, at all times night and day, competent physicians for visiting the needy poor that may apply, our reserve force for that purpose being ample.

The department of dental surgery, presided over by Ammi Brown, D. D. S., has been of very great service to the numerous applicants in this branch of our charity.

The present quarters, although much larger than any previously occupied by our Institution, are already cramping us in our endeavors to relieve all that apply for help, and if the number increases as rapidly during the present as in the past year, we shall be obliged to have larger rooms and increased facilities for their accommodation.

CONTRIBUTIONS.

We have received during the year from the City $1,000, which has been appropriated to the payment of rent; all other expenses, amounting to a like sum, have been paid by our "parent" the College. We are in urgent need of books, instruments, &c., for use, and we earnestly appeal to the benevolent for aid in this behalf.

The executive officer begs leave to state that he has held and now holds himself in readiness to answer any demand upon him for consultation in cases so requiring, and many occasions, including confinements, have presented themselves. He also desires, in this public manner, to thank those members of the profession who have performed similar services whenever called upon, and to the attending physicians and surgeons who so freely contribute their services without remuneration, to whom the profession, as well as the public, owe no small debt of gratitude.

As a clinical school to the students of the College, we think some at least will testify to its advantages.

Several of our best prescribers have been developed from the graduating class of 1873, in the dispensary service, and such practice, under proper administration, will in future prove even more valuable to both student and patient than in the past.

The following summary is taken from the books of the Institution for the year commencing May 1st, 1872, and ending May 1st, 1873:

Whole No. of prescriptions made	14,235
No. of patients treated	3,883
Males	1,615
Females	2,268
Natives	1,814
Foreigners	2,069
Over Fifteen	2,740
Under "	1,143
No. of visits made	502

Diseases of almost every kind and nature, found in this locality, have been treated with satisfactory results. Several deaths have occurred during the year, all of them either from affections of a chronic nature, or from disease too far advanced before application to us to expect anything but a fatal termination.

ALFRED K. HILLS, M. D., *Executive Officer.*

Scientific Notes.

SAPONINE.—The discovery of the remarkable properties of this substance is a feature of exceeding interest, especially as it sheds a flood of light upon a large group of plants belonging to the caryophyllaceæ (saponaria officinalis, agrostemma zithago, several species of lychnis, anagallis arverisis, etc.). Centuries ago, anagallis was used to dilate the pupil, but its action was to produce so much pain that it was always used reluctantly; and now that we know how saponine acts, we know why anagallis dilates the pupil. Dr. H. Koehler, in Halle, has published an experimental pharmacological study on the local anæsthesia produced by saponine, and more recently an article in the *Archives for Experimental Pathology and Pharmacology* on the antagonistic physiological action of saponine and digitaline. Dr. Koehler concludes that saponine produces death: 1st, by paralysis of the respiratory centres in the medulla oblongata; 2d, by paralysis (consequent on preliminary irritation) of the vaso-motor centres; and, 3d, by paralysis of the cardiac nerves and muscle.

Saponine produces the most profound depression of the circulation and respiration, as well as great sinking of the temperature of the body. As regards its action on the heart, which is the especial aim of Dr. Koehler's article, it is ascertained that a heart under the influence of saponine acts like one with the nerves from the vagus and sympathetic all divided and running alone on the cardiac ganglia. Dr. Koehler gives a great many experiments on animals, from which he concludes: 1. A frog's heart stopped by saponine will be set going again by digitaline, and *vice versa*. 2. In the same way, digitaline produces acceleration of a heart's action extremely retarded by saponine, and, *vice versa*, saponine restores digitaline depression. 3. Digitaline injections keep back for a

long time, but not permanently, the paralysis of the cardiac branch and centres of the vagus consequent on saponine; and so, 4, Digitaline will hinder for a long time the excessive lowering of the blood-pressure (dependent on paralysis of the vaso-motors) caused by saponine rapidly in rabbits, slower in dogs. 5. No less does digitaline prevent the intense depression of the respiratory centres in the medulla oblongata which characterizes the onset of saponine-poisoning. The respirations of a saponined rabbit and dog which have become slowed by one-half or more, are kept up to a moderate frequency till a short time before death. 6. *Per contra*, digitaline (which itself produces a lower temperature) cannot prevent the rapid and profound sinking of the temperature in rabbits and dogs. 7. Digitaline produces paralysis of the muscular-motor ganglia, and unexcitability of muscle to an induction current, etc., and is an incomplete antagonist to saponine. 8. The antagonism is relative to the size of the dose; for the smaller the dose of saponine, and the slower the onset of the paralysis of the heart, etc., the better digitaline antidotes. Still, digitaline may postpone a fatal termination of saponine-poisoning (saponine has not accomplished this after digitaline). Digitaline cannot be relied upon to save life after fatal doses of saponine. Still, it is probable that in larger animals and in men, who possess a greater resistance to saponine, digitaline may prolong life till the system may eliminate the poison (analogous to artificial respiration in poisoning by strychnine).

Reviews.

OPHIDIANS. Zoological Arrangement of the Different Genera, including varieties known in North and South America, East Indies, South Africa, and Australia; Their Poisons, and all that is known of their nature; Their Galls, as antidotes to the snake-venom. By S. B. HIGGINS, S. A. New York: Boericke & Tafel; 240 pages, octavo.

First Notice.—The key-note of this interesting book is the author's discovery that "every animal poison has its perfect and specific antidote in the gall of the animal or reptile in which that poison is secreted." Mr. Higgins, it seems, was formerly one of the initiated professional curers in South America, which position he sought

for the purpose of scientific investigation and in the practice of which he has cured nearly fifty persons bitten. He certainly has a right to speak authoritatively on the subject, and, so far as we know, without fear of contradiction.

The first part of the work is devoted to descriptions of different species of snakes in various countries. This section furnishes a scientific arrangement of the ophidians according to their families and genera, and on this part of the work the author has evidently spent a large amount of labor and careful research.

The second section of the work treats of the effects of serpent poisons in general, and of various species in particular. Here is included a number of original observations. Mr. Higgins says that experienced curers will detect indications in the person bitten which will enable them to name the kind of snake which caused the wound, thus contradicting D. S. Weir Mitchell's conclusions as to the similarity of the venom in different serpents. D. Mitchell's work is largely quoted, and most of his experiments presented. On page 134 we find a table of the annual deaths from snake-bites in India, followed by details of the cases. We find, on page 135: "We may, however, take the naja trepudians as heading the scale of those poisons whose action on the blood produces a coagulum, and the crotalus as the synonym for the opposite class, whose action on the blood produces permanent fluidity. * * Just at the time when the snake begins to change its skin, and enters into the state of semi-torpidity consequent upon this change, the poison loses its venomous principle, and, what is still more singular, the gall loses its bitter principle, and becomes sweet to the taste; * * and when the colors on the new skin are very brightly marked and distinct, the venomous principle is again restored to the poison, and the bitter principle to the gall."

Mr. Higgins is not felicitous in his attempts to explain the rationale of the physiological effects of the poison; a review of which, and of the third part of the work, we reserve for the next number. W. A.

CARBOLIC ACID FOR PRESERVING BODIES.—It is stated that Prof. Guillery has demonstrated anew the powerful antiseptic properties of carbolic acid, in some additional experiments lately made. He enveloped a fresh corpse in a cloth saturated with a solution containing two per cent. of the acid, and, after an interval of four or five days, poured more of the solution over the body. By this treatment putrefaction was entirely prevented; the body, after six months, exhibiting no signs of decomposition, and being but slightly altered in appearance. At the Morgue, in Paris, a solution containing one-twentieth of one per cent. of carbolic acid, sprinkled over the bodies, arrested putrefaction even during the heat of summer. Chlorine had previously proved ineffectual to disinfect the atmosphere of the dead-house.

The New York Journal of Homœopathy.

NEW YORK, JULY 1, 1873.

WM. TOD HELMUTH, M. D., AND T. F. ALLEN, M. D.,
Editorial Committee.

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PROSECUTIONS OF THE MASSACHUSETTS MEDICAL SOCIETY.

The last few years have not been without indications, more or less evident, in various quarters, of a mitigation of the animosity toward homœopathists which has generally characterized the conduct of our brethren of the dominant school. Here and there some cautious show of professional recognition, some hesitating acknowledgment of their possible existence as physicians, and even, in occasional instances, an approach (very guarded) to an admission of equal rights and privileges, have seemed to justify the hope that, in the course, say, of another generation, there would be a sensible yielding of the old, exclusive spirit on the part of the opponents of homœopathy. If the "era of good feeling" towards us have not actually commenced, it has at least been surmised that its light had begun to dawn, and that, at no very distant day, a kind of medical millenium would arise, under whose pacifying influence mutual confidence, respect and courtesy would replace the feelings of jealousy and uncharitableness in the professional mind.

This cheerful confidence has been somewhat rudely shaken by certain remarkable proceedings that have recently taken place in our neighboring city of Boston—proceedings which go far to show that the spirit of intolerance, exclusiveness and bigotry is still capable of warping the judgment and swaying the conduct of medical men, even in Massachusetts, where, most of all, we are taught to look for the principles and practice of toleration in undisturbed supremacy.

Will it be believed that in the renowned old commonwealth, in which liberty of opinion and of speech in all matters, scientific, social, moral and religious, is exercised and allowed to the fullest extent, men of age, culture and character should, in this year 1873, be subjected to a humiliating inquisition, and by procedures unknown, at least, to modern jurisprudence, for their *medical* opinions! That reputable practitioners, holding credentials of the highest order, of learning, experience and reputation at least equal to their triers, against whom no charge of professional incompetence or unfaithfulness is averred, should be required, at this day, to defend themselves and their right of reason, before partisan judges (who were at the same time jury and executioners), in an irregularly constituted and secret conclave, without aid of legal counsel, privilege of challenge, or right of appeal, is hardly credible. Certainly, if true, a more high-handed and unjustifiable ill-treatment has rarely been witnessed.

But the facts of the case, and the history of this so-called "Trial," are too well authenticated, and too generally known in the community in which the transactions took place, to leave them, or the motives which set them on, in doubt. Notwithstanding the precautions taken to prevent the dark doings from reaching the public ear, the ever-active press soon gained possession of all their essential and most interesting features, and spread them abroad; and now we have, in a well-printed pamphlet of over sixty pages, a full and orderly account of the whole affair, with the aid of which we propose to give a brief resume of the most important points.

The title of the pamphlet is, "Trial of William Bushnell, M. D., Milton Fuller, M. D., Samuel Gregg, M. D., H. L. H. Hoffendahl, M. D., George Russell, M. D., I. T. Talbot, M. D., David Thayer, M. D., and Benjamin West, M. D., all of Boston, for *Practising Homœopathy* while they were Members of the Massachusetts Medical Society." [Then follows a list of the "Triers," and of the Complainants.] "Printed for the examination and consideration of the Massachusetts Medical Society, Boston, May, 1873."

The first thing that strikes us as worthy of special remark, is the names and character of the accused. They are indeed worthy representatives of the cause which, in their persons, it was the object of this prosecution to hold up to obloquy. The most of them are well known to the members of our school as active and able advocates of medical reform, and useful and industrious members of various societies and institutions for the cultivation of medical science. Three, at least, Drs. Gregg, Fuller and Russell, are men who have been, all through the active period of a long life—forty or fifty years—untiring in their devotion to the laborious duties of successful practice, honored and beloved by all, maintaining throughout characters singularly free from reproach, or the suspicion of it. Others on the list are equally well known and appreciated by their colleagues throughout the country, by their unselfish and energetic zeal for the amelioration of human suffering, and the true interests of the profession.

What, then, is the form of accusation against these gentlemen? What crime or misdoing can they be guilty of, that, after so many years of blameless living, they must be called to answer? Surely it should be some grievous offense that would justify the haling of those aged men from their comparative retirement, and these still active and aspiring doctors, to whom loss of character would be worse than death, before an irresponsible tribunal, sitting in secret, and invested with an undefined authority.

The "head and front of the offending," detached from its formal verbosity, is twofold, namely: first, that, in joining and continuing a member of the Massachusetts Homœopathic Society, they are guilty of an attempt to disorganize and destroy

the Massachusetts Medical Society; and, second, that in practicing, or professing to practice, medicine according to an exclusive theory or dogma (viz., homœopathy) they are *guilty of conduct unbecoming and unworthy of an honorable physician* and member of the Massachusetts Medical Society.

This is the trespass with which these upright, peaceable and venerable physicians were charged, and called upon to plead before an arbitrarily constituted body claiming to represent the Massachusetts Medical Society as a Board of Trial. It is clearly shown, by the protests offered by the accused, that the Board was irregularly appointed, and possessed no legal jurisdiction, inasmuch as it was not elected, directly, or indirectly, by the Society, as the by-laws require.

On the 29th of April last, this Board convened in Temple Place, Boston, and the accused likewise presented themselves, according to the citation, with the exception of Dr. Samuel Gregg, who had been meanwhile removed by death.

After the opening of the proceedings, Dr. I. T. Talbot, on behalf of the accused, made the following demands:

1. That the trial should not be held with closed doors, but that the friends of the parties should be allowed to be present.

2. That reporters for the press should be admitted. That, as this was a matter affecting the character of the accused, the public had a right to know the evidence, and the manner in which the trial was conducted.

3. That the accused be allowed legal counsel.

4. That they be allowed to have an advocate, not a member of the Massachusetts Medical Society, present, to advise them.

5, 6, 7. That a phonographic reporter should be appointed by mutual consent, and sworn to the faithful performance of his duty; or that the accused may employ a phonographic reporter; or, at least, that an amanuensis, not a member of the Society, might be allowed to assist the accused in taking notes.

8. The right to peremptory challenge.

9. The right to challenge members of the Board of Trial for good and sufficient reasons.

These just and moderate demands having been successively denied, the accused, through Dr. Bushnell, one of their number, presented a manly, firm and courteous protest against any further proceedings being had, on the ground of the illegal constitution of the Board of Trial, the irregularity of the preliminary proceedings, the defective jurisdiction of the Board, even if regularly appointed, and the frivolousness of the charges. Dr. West also protested, on the ground that the by-law or resolution on which the accusation was founded was an *ex post facto* law, and therefore inoperative.

Nevertheless, without waiving their just rights as members of the Society, and as citizens, as claimed in the forenamed document, the accused expressed their readiness to answer the charges against them.

Dr. Hodgden, the only prosecutor present, offered the charges, and in support of them introduced as evidence the Act of Incorporation of the Massachusetts Homœopathic Medical Society, especially that section which requires acceptance of the maxim "*Similia similibus curantur*" as a condition of membership, and the admission of the accused that they belonged to that Society; also, extracts from Hahnemann's Organon, and the By-Laws of the Massachusetts Medical Society, inhibiting the future admission of believers in Spiritualism, Homœopathy or Thompsonianism; and especially a resolution adopted by the Society in 1871, condemning the practice

of homœopathy as "conduct unbecoming and unworthy of an honorable physician and member of" that Society.

No evidence was offered to show that either of the accused had ever, by word or act, attempted, directly or indirectly, to disturb, disorganize or destroy the Massachusetts Medical Society, of which some of them had been members for twenty-five or thirty years.

The evidence on the part of the accused was partly documentary and partly oral. The first class included the act of the State Legislature incorporating the Massachusetts Homœopathic Medical Society (showing that membership of the said Society was authorized by law); the by-laws of the Society defining the qualifications for membership, and the objects of the Society; sundry acts of the Legislature favoring and providing for the establishment of various homœopathic medical and charitable institutions; and, finally, the correspondence with the treasurer of the Massachusetts Medical Society, showing that the accused had faithfully paid their dues and borne their proportion of the expenses of the Society. The parole testimony of the defense was most interesting, and conclusive as to the groundlessness of the prosecution.

The fact of membership of the Homœopathic Medical Society, and of a general recognition of the homœopathic law in their practice, was admitted by all the accused; but it was also denied that such membership and such practic was inconsistent with loyal membership of the Massachusetts Medical Society. They severally and emphatically denied that they were restricted by any pledge, or by any by-law of the Homœopathic Society, to any exclusive theory or dogma in their treatment of the sick, but that, like other members of the Massachusetts Medical Society, they were free to use any method, system, medicine, or other means that their judgment approved.

So far from seeking to injure or "destroy the Massachusetts Medical Society," it was testified that the accused had scrupulously avoided the introduction or discussion of homœopathic principles or practice in the Society, from a desire to preserve harmony and peace in its meetings. The secretary of the Society for several years past, in his evidence, admitted the Society to be as prosperous now as ever before; that "he had never known the accused to do anything to injure or destroy the Society," and that, as far as he knew, "they had been peaceable members" of it.

The vindication of the prosecuted parties was perfect, and the baselessness of the accusation was exposed and made manifest to every eye not obscured by partisan prejudice.

The above statement of the progress of the "trial" will give our readers who have not seen the pamphlet, from which it is condensed, an idea of the sort of treatment to which our brethren of Boston have been exposed; but we wish that we had space besides for a summary, at least, of the admirable addresses by several of the accused, to which the mis-named "Board of Trial" were treated after the evidence was closed. The speech of Dr. Talbot, on behalf of Drs. Bushnell, Hoffendahl, Russell and himself, is a complete and brilliant argument in defence of the position which he and his colleagues had assumed, a clear and truthful exposition of the legal and equitable rights of the homœopathic members of the Massachusetts Medical Society, and a sifting scrutiny of the case of the prosecution which leaves no residuum. We are of opinion that a good advocate was lost to the legal fraternity when our friend took to physic.

The speeches of Drs. West and Thayer are also excellent and characteristic. They "carry the war into Africa," and, by their sharp assaults upon the enemy's entrench-

ments, leave them open to the derision and disdain of the impartial public, which has not been slow (as witness the Boston papers) to use its opportunity. The avowed object of the prosecution was the trial and disgrace of the homœopaths, but it looks as if the real defendants are the prosecutors and those who have forced them into that position.

Of course the plaintiffs were non-suited, and their abettors incontinently driven out of court! Not so fast, good reader. Such, indeed, would be a reasonable conclusion, had the proceedings been conducted according to any recognized rules of jurisprudence, or the tribunal constituted according to any principle of fairness, or the just and moderate demands of the accused treated with decency. But it is certain that no such result was anticipated by the parties themselves, or their friends, who understood the motives and the purpose of the indictment, and who foresaw the probable termination of the case from an early stage of its progress. Punishment, not justice, was evidently the incentive to the suit.

It is, therefore, no surprise to us to find recorded, as the verdict of the Board, "that we do find and determine that the said charges and specifications are all fully proved against each of the said accused persons, and they are severally guilty of the charges aforesaid, and we therefore adjudge and determine that the said [naming the accused] be therefore expelled from their membership of the Massachusetts Medical Society," &c.

Like measure, we suppose, will be meted out to the other fifty or sixty homœopathic heretics in the Society, in due time. Fortunate for some of them that their judges have not been intrusted with the infliction of sharper penalties, for if expulsion, and such dishonor as that implies, is the least penalty incurred by well-known and venerable offenders, we tremble to think what would be the fate of less conspicuous sinners.

H. D. P.

NOTE.

The notice of Prof. Franklin's second volume of the Science and Art of Surgery was prepared for this number, but was unavoidably left over, as is also the account of the transactions of the American Institute.

PERSONALS.

Dr. Henry M. Smith is *en voyage* for Europe, where he will spend the summer.

Dr. J. W. Dowling recreates at Saratoga during the heated term.

Dr. H. M. Paine resides, during July and August, at his cottage in Newport.

Dr. Wm. Tod Helmuth has a cottage at Long Branch. Telegrams from the country may be directed to him there.

Dr. Millard and family are at the West End Hotel, Long Branch.

Tuberculosis may be communicated as much as, and in a similar way as, syphilis. —*Buhl.*